

# EXHIBIT E

# MUSIC & ARTS™

Test Tracy Test Watson v



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1. Contact Information 2. Select Source 3. Data Protection Statement 4. Preliminary Questions

## Contact Information

\* = required

Thank you for your interest. Please begin the application process by filling in the requested fields and clicking on the arrow at the bottom of the page to continue.

Email Address \*

Twatson@littler.com

Street Address - Enter Physical Address (no PO Box)

123 Not a Real Person

Legal First Name \*

Test Tracy

Apartment, Unit, Suite #

Preferred First Name

Note: Preferred first name is limited to one name. Do not use values such as None, NA or your Last Name in this field. Leave blank to use your Legal First Name

City

Conshahocken

Country

United States v

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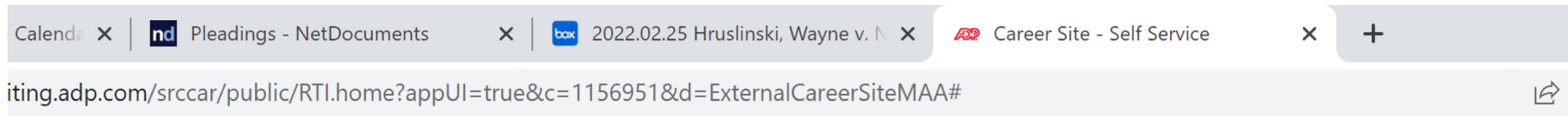
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1. Contact Information

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## Select Source

How did you hear about Guitar Center?

Candidate Source \*

Advertisement ▾



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1. Contact Information 2. Select Source 3. Data Protection Statement 4. Preliminary Questions

## Data Protection Statement

\* = required

To proceed further with your application process and electronically signing personnel related documents, you must review and agree to Guitar Center's policies, terms and conditions set forth in the Privacy and Security Policy ("Privacy Policy"). By accessing the site, you are indicating your agreement to the [Privacy Policy](#).

☐ Reviewed\*



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## Preliminary Questions

\* = required

Are you at least 18 years of age? \*

- ☐ Yes  
☐ No



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**MUSIC & ARTS** Test Tracy Test Watson

Navigation: Search, Current Applications, Position Summary, Location Details, Edit Profile, Change Password

Progress: 3. Data Protection Statement, 4. Preliminary Questions, 5. Equal Employment Opportunity Information, 6. Application Form

### Equal Employment Opportunity Information

\* = required

The following information is optional and is used only for Equal Employment Opportunity reporting purposes. We ask you to supply it so that we can generate government-mandated statistics. Thank you for your help!

**Voluntary Self-Identification of Race/Ethnicity\***

**Are you Hispanic or Latino?**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ Yes ☐ No

If you answered 'no', please select one of the following categories that best describes your race:

- ☐ **White**  
Not Hispanic or Latino. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American**  
Not Hispanic or Latino. A person having origins in any of the Black racial groups of Africa.
- ☐ **Asian**  
Not Hispanic or Latino. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander**  
Not Hispanic or Latino. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **American Indian or Alaska Native**  
Not Hispanic or Latino. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ **Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **Other**  
Not Hispanic or Latino. A person who identifies with more than one of the above races.
- ☐ **Decline to identify**

**Voluntary Self-Identification of Gender\***

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Decline to identify

**Voluntary Self-Identify As A Protected Veteran\***

We are a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires contractors to take affirmative action to employ and advance in employment disabled veterans, recently separated veterans, active duty wartime or campaign badge veterans, and Armed Forces service medal veterans.

As a federal contractor, we are required to submit a report to the U.S. Department of Labor each year identifying the number of our employees belonging to each "protected veteran" category. This information is being requested on a voluntary basis and will be kept confidential as required by law. Refusal to provide the requested information will not subject you to adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.

Name: **Test Watson, Test Tracy** Date: **04/11/2022**

**A DISABLED VETERAN** is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) a person who is discharged or released from active duty because of a service-connected disability.

**A RECENTLY SEPARATED VETERAN** is any veteran who was discharged or released from active duty in the U.S. military, ground, naval, or air service within the last three years.

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### Application Form

\* = required

⚠ Personal Information Incomplete

⚠ Employment History Incomplete

⚠ Education History Incomplete

☐ Achievements, Skills, Languages [Optional]

☐ Military History [Optional]

✅ Professional References Complete

⚠ eSignature Incomplete

👤 Review

⚠ = Conditionally Required Field

Please complete all requested page(s) and click the arrow below to continue.

#### Personal Information

Legal First Name *	Legal Last Name *
Test Tracy	Test Watson
Legal Middle Name *	Email Address *
	Twatson@littler.com
Street Address *	Apartment, Unit, Suite #
Enter Physical Address (no PO Box)	
123 Not a Real Person	
City *	Country *
Conshahocken	United States
State/Province **	Zip/Postal Code *
Pennsylvania	19424
Primary Phone *	Secondary Phone
format non-nnn-nnnn	format non-nnn-nnnn
6094664687	
Are you at least 18 years of age? *	
Yes	

#### General Information

##### Work Authorization

If hired, can you provide proof of your legal right to work in the US for Guitar Center in the position sought? \*

Will you, now or in the future, require sponsorship for employment-based visa status? \*

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Application Form

\* = required

Personal InformationComplete

Employment HistoryIncomplete

Education HistoryIncomplete

Achievements, Skills, Languages[Optional]

Military History[Optional]

Professional ReferencesComplete

eSignatureIncomplete

Review

To add additional employers, click the "Add Employer" button below. The "Remove Last Employer" will delete all entries for the last employer that you have entered.

Please provide past 7 years of employment history. Please enter your most recent employer first. If you do not have employment history, choose NA under "Type."

\*\*\* = Conditionally Required Field

Employment History

Previous Employer1

+ Add Previous Employer

Type\*  
(If no employment history, enter NA)  
— Please Specify —

Employer\*\*

City\*\*

Country\*\*  
— Please Specify —

State\*\*  
(If US is chosen, State is required)  
— Please Specify —

Start Date\*\*  
mm/dd/yyyy

End Date\*\*  
(If Current, please use today's date.)  
mm/dd/yyyy

Employer Phone\*\*

Zip/Postal Code

Supervisor's Name

Supervisor's Title

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